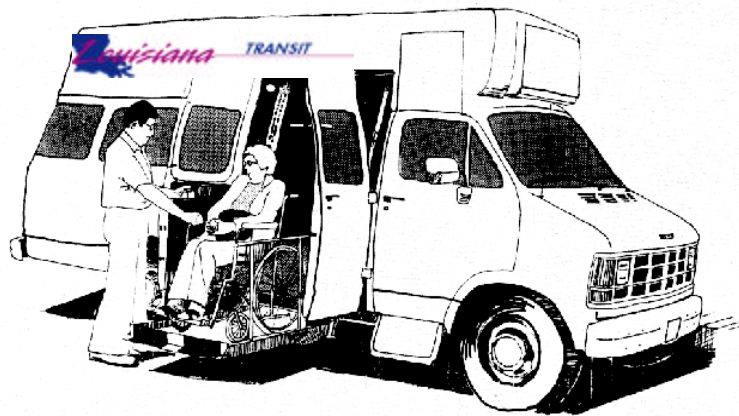


STATE OF LOUISIANA

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT



APPLICATION PROCEDURES MANUAL

FEDERAL TRANSIT ADMINISTRATION
SECTION 5310 GRANTS PROGRAM
FOR THE ELDERLY AND
PERSONS WITH DISABILITIES

2004

**STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
PUBLIC TRANSPORTATION SECTION**

2004

APPLICATION PROCEDURES MANUAL

FOR THE

SECTION 5310

ELDERLY PERSONS AND PERSONS WITH DISABILITIES PROGRAM

**CAPITAL ASSISTANCE GRANT PROGRAM
CHAPTER 53, TITLE 49, U.S. CODE**

**Section 5310 Application Review
Louisiana Public Transportation Conference
Wednesday, October 8, 2003, 9:00 a.m. - 10:15 a.m.**

APPLICATION PROCEDURES MANUAL

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M.J. "MIKE" FOSTER, JR.
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
P.O. Box 94245
Baton Rouge, Louisiana 70804-9245



KAM K. MOVASSAGHI
SECRETARY

Dear Potential FTA Applicant:

The federal government will be allocating funds to the State of Louisiana to support the Federal Transit Administration (FTA) Elderly and Persons with Disabilities Program (E & D) in the year 2004. The E & D Program makes capital assistance available to private non-profit organizations and eligible local public bodies to assist them in providing transportation services to the elderly and disabled.

Capital grants can be used to purchase vans and buses of various sizes and wheelchair lifts. The funds are strictly for capital purchases and are only available in areas where existing services are either insufficient, unavailable or inappropriate. The grants provide up to 80 percent of the purchase price of the equipment. The applicant provides the balance with local non-federal matching funds.

The Louisiana Department of Transportation and Development (DOTD) is the agency responsible for managing the E & D Program in Louisiana. DOTD has developed the Application Procedures Manual to assist potential applicants in planning and coordination requirements of the program. The recommended timeline on the next page indicates the steps to take to complete the application prior to the February 2, 2004 deadline.

An application training session is planned for Wednesday, October 8, 2003 from 9:00 AM to 10:15 AM at the Radisson Hotel in Baton Rouge, during our Annual Transportation Conference (October 6 - 8, 2003). Many changes have occurred in the E & D program, so do plan to attend this session and bring this manual and a copy of the application to use for notes. To arrange for adequate seating we ask that you advise Ms. Diana Ickes, at the phone number listed below, if you plan to attend this session.

The E & D application training session is limited to only two (2) persons per agency. New applicants may only attend the E & D program training session. Other conference sessions are limited to public transit systems only. You may contact Ms. Ickes, to assist you with further information.

For specific questions about this grant program or to request additional copies of this application packet, please contact:

Mr. Harold Beck, E & D Program Manager or
Ms. Diana Ickes, Assistant Program Manager
LA Department of Transportation & Development
Public Transportation Section, Room 138 / Airport
P. O. Box 94245
Baton Rouge, Louisiana 70804-9245
(Telephone: 225/274-4306) (FAX: 225/274-4314)

We encourage all eligible organizations to review this package to determine whether this program might assist them and their operations.

Sincerely,

CAROL CRANSHAW
PUBLIC TRANSPORTATION ADMINISTRATOR

RECOMMENDED TIMELINE

In order to submit your application when required, several steps must be taken early in the application period. You may complete all of the general agency information, project description/justification, fiscal and managerial capabilities and other general portions of your application packet independently, but there are several portions which involve other organizations so these areas must be completed as soon as possible. The dates listed below are the **recommended** dates by which each step should be completed; therefore we urge you to begin this process as soon as you have thoroughly reviewed the manual and application packet. You may begin processing your application as soon as you receive it and/or you may use the suggested completion dates listed below:

#	ACTION NEEDED	SUGGESTED COMPLETION DATE
1.	Applicants in urbanized areas must notify Metropolitan Planning Organizations of their intent to apply. (Refer to pages 17-18 of this manual for instructions.)	11/01/03
2.	Publish first public notice (Refer to page 9 and 10 of this manual for instructions.)	11/15/03
3.	Publish second public notice. (Refer to page 9 and 10 of this manual for instructions.)	11/30/03
4.	Arrange to have Agency's authorized representative to review the project assurances and sign the signature page. Have Agency's Board execute an authorizing resolution. (Refer to pages 19-20 of this manual.)	11/30/03
5.	If applicable, resolve any conflicts that may have developed as a result of the public notices. (Refer to pages 11-12 of this manual for instructions.)	11/30/03
6.	Applicants located in a Parish with a Rural Public Transit System should submit completed <u>draft application</u> to respective Rural Public Transit Provider. A response from the Rural Public Transit Provider must be included in your application. (Refer to pages 13-15 of this manual for instructions.)	12/10/03
7.	Applicants in urbanized areas should submit completed <u>draft application</u> to respective Metropolitan Planning Organization for review. A response from the MPO must be included in your application. (Refer to pages 17-18 of this manual for instructions.)	12/10/03
8.	If you submit a <u>completed</u> application by January 5, 2004 , we will conduct a preliminary review to determine accuracy/thoroughness of your application. We will advise you of the corrections needed in time for you to return the corrected application to DOTD by the February 2, 2004 de adline .	01/05/04
9.	The <u>completed</u> application <u>must</u> be received by DOTD's Public Transportation Section by 4:15 P.M., February 2, 2004 . No late applications will be accepted by this office for the Year 2004 capital assistance grant after that date and time. FAX transmissions of the application will not be accepted. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.NO EXCEPTIONS	02/02/04

APPLICATION INSTRUCTIONS

The application for the Elderly and Disabled Capital Assistance Program, is contained in a separate packet accompanying this manual. These instructions have been developed to assist agencies in completing the application form and in complying with the program requirements. **Applicants should review the requirements carefully. Failure to comply with any requirement may disqualify an applicant.**

The information provided by the applicant is intended to justify the request for funding. It is used by the Interagency Review Committee to evaluate and rank all proposed projects. This information is also used by DOTD's Public Transportation Section to complete the State's application to the Federal Transit Administration.

ELIGIBLE APPLICANTS

The Secretary of Transportation is authorized to make grants for the Elderly and Persons with Disabilities Program through Chapter 53, Title 49, U.S. Code and these grants are limited to:

1. nonprofit corporations and/or organizations for the specific purpose of assisting them in providing transportation services meeting the special needs of elderly persons and persons with disabilities for whom mass transportation services are unavailable, insufficient or inappropriate;
2. public bodies approved by the DOTD Public Transportation Section, to coordinate services for elderly persons and persons with disabilities; or (**See Public Body Coordination of Service Criteria (a) through (d) indicated at the bottom the page.**)
3. public bodies which certify to the DOTD that no nonprofit corporations or organizations are readily available in an area to provide the service. (**"See Public Body Criteria Certifying No Non-Profits Are Available To Provide Service" on page 2**)

NO APPLICANT WILL BE CONSIDERED FOR FUNDING UNDER THE ELDERLY AND DISABLED PROGRAM UNLESS THEY ARE CURRENTLY OPERATING A TRANSPORTATION PROGRAM. NO NEW STARTS WILL BE CONSIDERED.

Public Body Coordination of Service Criteria - Public bodies will be considered for designation as Coordinators of Services if the following criteria are met:

- a. the public body is currently receiving urban or rural assistance to operate a public transportation system;
- b. activity reports from the existing agencies indicate a need for better utilization of vehicles;
- c. two or more agencies in the service area are currently providing transportation to elderly persons and persons with disabilities; and
- d. the public body has the capability to coordinate public transportation services within the geographic area of service.

ELIGIBLE APPLICANTS, Continued

Public Body Criteria Certifying No Nonprofit Organizations Are Readily Available To Provide the Service - Public bodies intending to apply for E & D Program funding under this option **must** submit a written certification that there are no nonprofit organizations readily available in their area to provide this service. This certification may be submitted after efforts have been made to contact all existing transportation providers in the area by mail and by publishing two public notices in the official local newspaper. Efforts to solicit service **must** be documented and included with the certification. Documentation shall include a list of all existing transportation providers to whom letters were mailed, a copy of the letter mailed and two certified copies of the public notice placed in the official local newspaper. Public body applicants must afford an adequate opportunity for a public hearing. (See public notice format page 10 (manual) and page 17, #4 (application) for special instructions)

APPLICATION INSTRUCTIONS: MAKE EXTRA COPY OF THE BLANK APPLICATION, USE EXTRA COPY AS A DRAFT, TRANSFER INFORMATION TO THE ORIGINAL, PLEASE TYPE IF POSSIBLE.

Page 1 **Check Items Attached** - Use page one (1) in the application as a check-off list of the items attached in the package. Mark each item (?) as it is completed. Page one (1) is part of the application and **should be submitted** with all other pages contained in the application packet. **It is most important to type in the name of your agency in the upper right hand corner of page 1 thru 17 of the application!**

I. GENERAL AGENCY INFORMATION

Page 2 **Legal Name of Applicant** - Identify the agency's name **exactly** as it is filed with the Corporate Division of the Secretary of State Office. Private Non Profit agencies should refer to the certificate from the Articles of Incorporation and Public Bodies should refer to their creation documents for their LEGAL name. **Do Not Abbreviate Your Agency Name On This Page.**

Federal I.D. - This reference is to your agency's Federal Identification Number.

Address - Indicate the agency's complete mailing address and physical street address.

Contact Person - Identify the name, title, and phone number of the person responsible for completing the application form. Indicate CEO's name, if different from the contact person.

Date of Application - Indicate date mailed to DOTD's Public Transportation Section.

FAX Number - Indicate your FAX Number.

Description of Current Transportation Service Provided - Briefly describe the transportation services **currently** provided to the applicant's clients. (Example: Weekday demand response van service for the senior center and doctor appointments.) **Do not include proposed expansions of service.**

Names of Geographical Areas Currently Served - Describe the applicant's service area, including all cities, towns, and parishes **currently** served.

I. GENERAL AGENCY INFORMATION, Continued

Page 2

Prior E & D Program Assistance - Mark appropriate box.

Total Population of Service Area - Record the combined total population of each city, town, parish, etc., in the service area. (SOURCE: check with your local library)

Estimated Elderly Population of Service Area - Indicate the estimated number and percentage of individuals residing within the service area who are **age 60 or older**. If an individual is both elderly and disabled, record as elderly. Calculate the percentage of the total population of the service area that is elderly. (Estimated Elderly Population ÷ Total Population of Service Area = % Served)

Estimated Disabled Population of Service Area - Record the estimated number and percentage of individuals within the service area who are disabled. **Disabled is defined as having a permanent or temporary physical or mental impairment that substantially limits one or more major life activity or has a record of such an impairment.** If an individual is both disabled and elderly, record as elderly. Calculate the percentage of the total population of the service area that is disabled. (Estimated Disabled Population ÷ Total Population in Service Area = % Served)

Average Number of Elderly Units of Service Currently Provided - Indicate the estimated number of units of service for users age 60 or older **currently** being served **daily** by the applicant's transportation program. If a user is both elderly and disabled, indicate as elderly.

Average Number of Disabled Units of Service Currently Provided - Indicate the estimated number of units of service for disabled users **currently** being served **daily** by the applicant's transportation program. If a user is both disabled and elderly, record as elderly.

Average Number of Other Units of Service Currently Provided - Record the estimated number of units of service for other users (not elderly and not disabled) **currently** being served **daily** by the applicant's transportation program. (Ex: gen. public, Headstart, Project Ind. etc.).

Total - Calculate the target population (total number of individual units of service) **currently** being served **daily** by applicant's transportation program.

Average Number of Elderly Passengers Currently Served - Record the **average** number of passengers age 60 or older **currently** being transported **daily** by the applicant. If a user is both elderly and disabled, record as elderly.

Average Number of Disabled Passengers Currently Served - Record the **average** number of disabled passengers **currently** being transported **daily** by the applicant.

Average Number of Other Passengers Currently Served - Record the **actual** number of other users (not elderly and not disabled) **currently** being transported **daily** by the applicant. (Example: General Public, Headstart, Project Independence.)

I. GENERAL AGENCY INFORMATION, Continued

Page 2 **Total** - Calculate the target population (total number of individual passengers) **currently** being served **daily** by the applicant's transportation program.

Average Number of Unduplicated PASSENGERS of Each Race CURRENTLY Served - You are identifying the race of the passengers in the block just above. Example: If the total of the **Average Number of Passengers Currently Served** is 20, then the total of each race should equal 20.

NOTE: **Units of Service** are calculated by the number of times a person gets **off** the vehicle. Example: If a passenger is taken to a nutrition site, then a grocery store, then home, a total of three units of service have been provided.

II. EXISTING TRANSPORTATION SERVICES

Page 3 (A) **Description of Applicant's Current Service** - Provide the information requested for each item listed below. Reproduce and attach copies of this page if additional space is necessary.

- * **Origination/Destination** - Record the origination and destination of each trip. Examples: Baton Rouge/North Baton Rouge or Senior Center/Nutrition Center or East Baton Rouge area/B.R. General Hospital.
- * **Day of Week** - Record the days of the week. Use abbreviations: M for Monday, Tu for Tuesday, W for Wednesday, Th for Thursday, F for Friday, Sa for Saturday and Su for Sunday. If every day use M-F.
- * **Hour of Day** - Record the hours of the day. Examples: 8-5; 12-1; 1-3. If the van is not used continuously throughout the entire day, do not indicate all-day 8-5 service. If it is used in the AM & again in the PM, indicate as such.
- * **Type of Service** - Indicate if fixed route or demand response. **Fixed Route** is a set route you run every day regardless of who rides. **Demand Response** is if your route depends on passenger reservation and may change due to cancellations.
- * **Round Trips Per Day** - Record the number of round trips per day provided for this particular service.
- * **Vehicles Per Route** - Record the number of vehicles used for this route.

Page 3 (B) **Average Annual Passenger Trips** - Record the number of passenger trips your agency presently provides in one year. Passenger trips are defined as a one-way trip. (Ex: If a passenger is taken to a nutrition site, then a grocery store, then home, a total of three passenger trips have been provided). Take the total number of Units of Service provided per day and multiply by the number of days you provide service during the year.

II. EXISTING TRANSPORTATION SERVICES, Continued

Page 3 (C) **Average Annual Miles of Operations** - Record the total annual miles on all vehicles your agency presently operates to provide transportation for the elderly and disabled.

Page 3 (D) **Closure** - Indicate if your agency is closed at any time during the year and for how long. If you're only closed for standard holidays then simply indicate "Standard Holidays".

Page 3 (E) **Description of Fare Policy** - Describe the complete fare structure or policy for passengers on the applicant's present transportation program. Indicate N/A if no policy.

Page 4 (F) **Current Vehicle Inventory** - * List each vehicle (including non-FTA purchased vehicles, leased vehicles and backup vehicles) separately and identify the type van, mini-van, bus, etc.); vehicle identification number; model year; current mileage; the number of passenger seats (excluding driver); funding source [DOTD E&D, Rural Public Trans. RPT, local, leased equipment, etc.]. Indicate if the vehicle is wheelchair/lift equipped with yes or no. Indicate if the vehicle is used as a backup vehicle with yes or no. (**Note: A backup vehicle is only used on an incidental basis, usually when one of your regular transportation fleet vehicles is temporarily out of service**). Provide information as to the general condition of the vehicle (ex: good, fair, excellent or poor). Only include passenger vehicles in the applicant's transportation program. (See inventory listing example below):

TYPE	VIN	YR	MILEAGE	SEATS	FUND SOURCE	ACCESSIBLE	BACK-UP	CONDITION
VAN	1GB6K521990	'90	98,000	12	E&D	YES	NO	POOR
MINI	193B228 1991	'91	70,000	07	LOC	NO	NO	FAIR
BUS	1K6B3361993	'93	40,000	20	RPT	YES	NO	GOOD
VAN	1GH6499	'95	10,000	11	E&D	YES	NO	EXCL

* **NOTE:** ***YOU MAY NOT USE ANY OTHER FORM TO INDICATE YOUR CURRENT INVENTORY. DO NOT USE A COMPUTER PRINTOUT, YOU MUST USE THE PROVIDED FORM. Indicate if mileage has turned over 100,000 miles i.e., indicate your true odometer reading.***

Page 5 (G) **Other Transportation Providers** - For each provider (private and public) of **elderly and disabled** transportation located in applicant's service area, give the name; address; telephone number; contact person; service area; number of vehicles; type service provided (i.e., fixed route, demand response or route deviation); and whether handicapped accessible. List each provider separately. Attach as many additional pages as necessary. (Reproduce and attach copies of this page if additional space is necessary). **DO NOT INCLUDE ORGANIZATIONS THAT DO NOT HAVE ANY VEHICLES, THEY CANNOT BE TRANSIT PROVIDERS WITHOUT VEHICLES. IF YOU OBTAIN YOUR LIST OF PROVIDERS THROUGH YOUR MPO, CHECK THE LIST TO MAKE SURE THAT EACH PROVIDER HAS AT LEAST ONE VEHICLE.**

II. EXISTING TRANSPORTATION SERVICES, Continued

Page 5 (G) A list of such organizations may be available through your local M.P.O. (Pages 17 & 18) or in your local telephone directory under the following headings:

- | | | |
|------------------|----------------------------|---------------------------------|
| 1) Bus lines | 2) Private buses (charter) | 3) Social service organizations |
| 4) Taxi services | 5) Transportation | 6) Wheelchair trans. |

NOTE: Applicants served by the Rapides Area Planning Commission MUST contact John C. Miller (pg. 17) for a complete list of public and private transportation providers.

Page 5 (H) List all providers who participate in your agency's delivery of transportation services to the elderly and disabled and the level of participation. **If you do not participate with these available providers you must explain and justify your reasons for nonparticipation. N/A is not an acceptable response.**

III. PROJECT DESCRIPTION/JUSTIFICATION

Page 6 (A) Indicate if you are a Section 5311 participant (Rural Public Transportation provider) and indicate if you have also requested a vehicle from that program for 2004.

Page 6 (B) **Capital Equipment Requested** - List the capital equipment requested in priority order (see Page 26 for description of vehicles offered). This is needed in case your project is only partially funded. The item listed first would be funded first. If you only need one vehicle, record only one requested. If two vehicles are needed list them in priority order in case only one is funded.

Page 6 (C) **Intended Use** - Check the appropriate blank(s). Note that if a replacement of existing equipment is being requested, the Vehicle Identification Number (provide the entire VIN number and not just the last few numbers) and proposed method of disposition must be included. If disposed vehicle is to be placed in your private fleet, indicate intended usage (i.e. meals on wheels, back-up van, etc.) Remember backup vehicles are not used on a daily basis, but rather on an incidental basis, when your regular transportation vehicles are out of service.

Page 6 (D) **Geographic Area to be Served** - List the towns, cities, parishes, to be served with this new equipment.

Page 6 (E) **Estimated Number of Elderly, Disabled, Other Passengers** - In the appropriate blocks, record the estimated number of passengers for elderly, disabled, and other users to be served by this project per day, if funded. If a user is both disabled and elderly, record as elderly. **Do not duplicate.** Add these figures and place in "TOTAL" block. **THIS IS FOR THE NEW VEHICLE BEING REQUESTED ONLY.**

Page 7 (F) **Estimated Capital Budget** - The estimated capital budget describes all of the equipment being requested in this application, and identifies the sources of funds for the required 20 percent local match.

III. PROJECT DESCRIPTION/JUSTIFICATION, Continued

Page 7 (F)

- ?? **Vehicle Type (Size)** - List each item requested such as: 6-S, 12-B, 7-1B etc. (one item per line - See Pages 26 - 36 for equipment available).
- ?? **Estimated Cost** - See pages 26 - 36 of this manual.
- ?? **Quantity** - For each item selected, record the number of units requested in this application.
- ?? **Line Total** - Calculate the total for each selected item. (quantity X unit cost = line total.)
- ?? **Total Equipment Estimate** - Add the line totals for each item selected.
- ?? **Federal Grant Requested** - Multiply the total project estimate by .80 to calculate the amount of federal funds requested to acquire the identified equipment.
- ?? **Local Match** - Multiply the total project estimate by 20% to calculate the amount of local funds needed to match the federal funds to acquire the identified equipment.
- ?? **Sources and Amounts of Non-Federal 20% Local Share** - Identify the source of local matching funds and the amount from each source. The total must equal or exceed the amount shown on the local match line above. This 20% local share must be provided before the equipment is ordered for the applicant. Local matching funds may be, but are not limited to: service contracts, passenger revenues, local property taxes, donations, fund raisers, local revenue sharing. **"In-Kind" funds are not eligible and may not be used** as part of the 20% non-federal match. **DO NOT LIST "AGENCY FUNDS" - PLEASE IDENTIFY THE SOURCE OF THE FUNDS.**
- ?? **Total** - Add each amount and indicate in "TOTAL" block.

Page 8 (G)

Describe Service to be Provided - For each vehicle requested, provide the information requested for each item listed below. Reproduce and attach copies of this page if more than one vehicle is being requested.

Page 8 (G)*

Origination/Destination - Record the origination and destination of each proposed trip. Examples: Baton Rouge/N. B.R. or Sr. Ctr. Nutrition Center or E. Baton Rouge area/B.R. Gen. Hosp.

- * **Day of Week** - Record the day of week of the proposed service. Use abbreviations: M for Mon, Tu-Tues, W-Wed, Th-Thurs, F-Fri, Sa-Sat, Su-Sun, for five days record M-F.
- * **Hour of Day** - Record the hour of day of the proposed service. Examples: 8-5; 12-1; 1-3.
- * **Type of Service** - Indicate if proposed routes will be fixed, demand response or route deviation.
- * **Round Trips Per Day** - Record the estimated number of round trips to be provided for this particular service per day.
- * **Vehicles Per Route** - Record the estimated number of vehicles used for this proposed route.

III. PROJECT DESCRIPTION/JUSTIFICATION, Continued

Page 8 (H) **Proposed Annual Passenger Trips Planned** - Record the number of passenger trips your agency plans to provide in one year by this project if funded. Passenger trips are defined as a one-way trip. (Example: If a passenger is taken to a nutrition site, then a grocery store, then home, a total of three passenger trips have been provided).

Page 8 (I) **Annual Miles of Operation Planned** - Record the estimated annual miles on proposed vehicles your agency plans to operate if this project is funded.

Page 8 (J) **Description of Proposed Fare Policy** - Describe the proposed fare structure for passengers on the applicant's transportation program if this project is funded. Indicate N/A if no policy.

Page 8 (K) **Describe Disability** - If you transport persons with disabilities, describe the nature of the physical disability. **Disabled is defined as having a permanent or temporary physical or mental impairment that substantially limits one or more major life activity or has a record of such an impairment.**

Page 9 (L)* **Describe Benefits** - Describe the benefits that elderly and disabled users will receive from this project if funded. Describe what will happen to these people if you are not funded. How will they benefit if you are awarded this equipment.

Page 9 (M)* **Justification** - Explain why your project is necessary and how it will overcome the inadequacies of the existing services. Federal regulations require that the existing services in an area, if any, must be insufficient, inappropriate or unavailable in order for funds from the E & D program to be used to purchase capital equipment for that area. You must justify your need and why. EXAMPLE: If transportation service is available in your area but you feel it is insufficient to meet your clients needs, then you need to tell us why it is insufficient for your clients, what makes it insufficient or inappropriate. Tell us why your client can't use the existing transportation services already in the area. If the existing service is cost prohibitive, you need to provide information in respect to a cost comparison or an analysis. If there are no other providers in your area you need to indicate this information, however; if there are no other providers in your area, you should not have listed other transportation providers on page 5.G of the application. **You must demonstrate that this funding is necessary.**

* **NOTE:** *Please pay careful attention to Page 9 of the application since this page is a critical factor in the evaluation process of your capital request.*

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES

The notification process allows DOTD's Public Transportation Section to make the required FTA certifications that existing elderly and disabled transportation is unavailable, insufficient, or inappropriate to meet the needs of the local area, and that other elderly and disabled transportation providers have been afforded a fair and timely opportunity to participate in planning and operating the proposed service. DOTD must certify to FTA that every effort is being made to provide coordination of transportation services to the maximum extent possible. Therefore, it is necessary that all applicants publish two (2) public notices (at 15 day intervals) in a general circulation newspaper(s) inviting interested transportation provider(s) within the service area to

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

comment on the transportation proposal within 15 days. Each notice invites any interested transportation provider within the service area to comment on the proposal. The public body notice also allows the opportunity for a public hearing for the public to express their views.

We have provided two separate public notice formats. Applicants applying as **Private Non Profit Organizations** must use the public notice format indicated below (page 9). Applicants applying as **Public Bodies/Entities** must use the public notice format indicated on page 10 of this manual. Refer to page 1 and 2 of this manual for "Eligible Applicants" criteria. **Applicants who publish public notices that do not follow the applicable formats and instructions are subject to disqualification.**

***SPECIAL NOTE:** Applicants served by the Regional Planning Commission for the parishes of Jefferson, Orleans, St. Bernard and St. Tammany should contact Jim Harvey (see Page 17 for a complete list of addresses) for supplemental instructions before initiating the notification process.*

THE FOLLOWING FORMAT IS TO BE USED BY PRIVATE NON PROFIT ORGANIZATIONS

PUBLIC NOTICE

 (date)

 (Applicant) , a private non profit organization (providing) or (proposing to provide) transportation services to elderly and disabled persons in (proposed service area) , Louisiana, intends to apply for a federal grant to be used for the purpose of acquiring specially equipped vehicles and equipment for use in transporting elderly and disabled persons who are unable to utilize existing public transit services. Services will be generally between (time of day) and (time of day) , (day of week) through (day of week) , in the area encompassing (proposed service area) , Louisiana. The grant would be used to (replace existing equipment) or (expand and add new equipment) . (Applicant) invites any interested public or private transit or paratransit operator within the service area to comment on the proposed services by sending a written response to: **Mr. Harold Beck, Elderly & Disabled Program Manager, LA Department of Transportation and Development, Public Transportation Section, Room 138 /Airport, P. O. Box 94245, Baton Rouge, Louisiana 70804-9245;** and to (Applicant's Address) within 15 days. Comments must be received by (15 days after date of publication) .

THE FOLLOWING FORMAT IS TO BE USED BY *LOCAL PUBLIC BODY* APPLICANTS.

PUBLIC NOTICE

(date)_____

(Applicant)_____, a public body (providing) or (proposing to provide) transportation services to elderly and disabled persons in (proposed service area), Louisiana, intends to apply for a federal grant to be used for the purpose of acquiring specially equipped vehicles and equipment for use in transporting elderly and disabled persons who are unable to utilize existing public transit services. Services will be generally between (time of day) and (time of day), (day of week) through (day of week), in the area encompassing (proposed service area), Louisiana. The grant would be used to (replace existing equipment) or (expand and add new equipment).

Interested public or private transit or paratransit operator within the service area are advised that they may request a public hearing be conducted to provide a means for the public to express their views relative to the proposed project on the probable social, economic and environmental effects involved on the proposed project. In lieu of requesting a public hearing, interested parties may submit their comments on the proposed services by sending a written response to: **Mr. Harold Beck, Elderly & Disabled Program Manager, LA Department of Transportation and Development, Public Transportation Section, Room 138/Airport, P. O. Box 94245, Baton Rouge, Louisiana 70804-9245**; and to (Applicant's Address) within 15 days. Written requests for a public hearing and/or comments must be received by (15 days after date of publication).

Should a public hearing be required, a public notice will be published stating the date, time and location of the hearing.

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

Page 10 (A.1) Attach as part of Appendix A, certified copies of **both** Public Notices. **A copy of all comments received from other transportation providers (if any) as a result of the public notice must be included in the application package.** Any conflicts that arise between the applicant and another operator in the service area as a result of the applicant's proposed service and capital grant request must be addressed using the procedures outlined on pages 11-12 of this manual. If the conflict is not resolved before DOTD application due date, submit correspondence to-date.

Page 10 (A.2) Please provide a list of the names of the agency/organizations that you have interagency agreements with. Attach as part of Appendix A the list and copies of current interagency agreements. To enhance evaluation and ranking, Interagency Agreements should be entered into with other transportation providers in the area (public and private, transit and para-transit) and other providers of social services to the elderly and disabled. These Agreements should demonstrate in detail the terms and conditions for coordination of services and operations with these other agencies. In an effort to decrease duplication of service, we encourage interagency agreements and support those that have actually been put into effect.

Page 10 (B) Any conflicts that arise between the applicant and another operator in the service area as a result of applicant's proposed service and capital grant request will be addressed in the following manner:

STEP 1. The private operator and the applicant are encouraged to resolve differences directly on an informal basis. Such efforts shall include telephone conversations and informal meetings.

STEP 2. If such efforts fail to resolve the problem, the applicant must contact DOTD's Public Transportation Section for further instructions. The private operator and the applicant will be requested to describe the complaint and issue a written statement to the Public Transportation Section. The statement shall include the following data:

- * A description of existing elderly and disabled transportation services.
- * An outline of coordination efforts between transportation providers.
- * An estimate of the cost to provide the proposed level of service per passenger.
- * A description of each party's experience as a provider of elderly and disabled transportation.

Page 10 (B) *

- * A description of the fares to be charged, if any.
- * A description of special vehicles and equipment used.
- * Other relevant information.

During this period, reasonable attempts must be made by both parties to settle the dispute.

STEP 3. If the matter involves the Public Service Commission, a regulatory agency for private common carriers and paratransit operators, or a local government, DOTD's Public Transportation Section may request their assistance in reviewing the matter.

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

STEP 4. DOTD's Public Transportation Section will review the issue within 30 days and make a determination of the validity of the complaint using the following guidelines:

The services provided, or offered to be provided, by existing public or private transit or paratransit operators are unavailable, insufficient or inappropriate to meet the special needs of the elderly and disabled persons within the service area.

Private transit and paratransit operators have been afforded a fair and timely opportunity to participate to the maximum extent feasible in the development of the transportation program and in the provision of the proposed special transportation service for elderly and disabled persons.

STEP 5. If DOTD's Public Transportation Section determines the complaint is valid and justified, the application will be rejected for failure to meet coordination requirements.

STEP 6. If DOTD's Public Transportation Section determines the complaint is not valid or justified, the application will be accepted and considered for funding, providing all other requirements have been met.

STEP 7. DOTD's Public Transportation Section will provide written notice to each party regarding the results of review. Either party may appeal the decision reached by the Public Transportation Section to the Secretary of the DOTD. The Secretary will review the case and issue a decision. This decision shall be final.

Page 10 (C) Describe the plan utilized by your agency to periodically review existing transportation services in your area to determine whether they can be provided more efficiently by private transportation providers. Include how often you review your transportation services, how you determine the cost of your service and how you evaluate the private providers potential to provide the transportation service for you. **HINT:** You should have already determined your transportation costs and level of service and compared it to what the private providers offer. You may find that it is more cost effective to contract your service with someone else when you consider the costs involved (salaries, insurance and vehicle maintenance).

Page 10 (D) DOTD is required to provide assurance to FTA that the program provides for maximum feasible coordination of transportation services assisted under this section with transportation services assisted by other Federal sources. Therefore, you **must** explain in detail your efforts to coordinate with other transportation providers in your area. In order to eliminate duplication of services, we encourage coordination of services between transportation providers as much as possible. Tell us what you have done to coordinate or what you have in the works toward establishing coordination with other providers. Do you use the transportation services of other organizations? Are your clients encouraged to use public buses and taxi services if they are able to do so? Do you offer your service to other organizations that may not have transportation at all? Do you have contracts with other organizations to provide their transportation services? Have you had public meetings, forums etc.

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

to discuss coordination of service in your area? Do you have inter-agency agreements with other organizations that have actually been put into effect? EXPLAIN!

COORDINATED SYSTEMS:

Page 10 (E) a. Check this blank if you are located in a Parish with a Rural Public Transit System. Organizations in a Parish with a Rural Public Transit System **MUST** contact the Director of the System prior to submitting an application to DOTD. (See page 15 for sample letter). A copy of your letter to the Director of the Rural System and their response, must be attached to Page 10 of your application. **If this process is not complete, your application will be disqualified.**

As required by Federal Guidelines, all requests for Elderly and Disabled Assistance will be coordinated through these Coordinated Rural Public Transit Systems. Applicants should make every effort to utilize and coordinate proposed projects with existing transit operators.

Attached is a list of the Public Transportation Providers who have been Designated as Coordinated Systems in Louisiana. If your transportation system is located in any of the following parishes, you must notify the coordinated system in your parish of your intent to apply for Section 5310 funding for comments. These comments must be submitted with your application.

Patricia Jones ALLEN PUBLIC TRANSIT P. O. Drawer E-L Oakdale, LA 71463 (318) 335-3195	Grace Garon ASCENSION PUBLIC TRANSIT P. O. Box 412 Donaldsonville, LA 70346 (225) 473-3789 email: ascenco@eatel.net	Rosa Lou Molaison ASSUMPTION PUBLIC TRANSIT P. O. Box 310 Napoleonville, LA 70390 (985) 369-7961 email: acoarosa@bellsouth.net
Joyce Laborde AVOYELLES PUBLIC TRANSIT 312 N. Main Street, Courthouse Bldg. Marksville, LA 71351 (318) 253-9771	Elton Lamkin BIENVILLE PUBLIC TRANSIT 1285 Pine St. #104 Arcadia, LA 71001 (318) 263-8936 email: biencoa@bayou.com	Sandra Mason CALCASIEU PUBLIC TRANSIT P. O. Box 3171 Lake Charles, LA 70602 (337) 437-3467 email: smason@cppj.net
Dottie Etheridge CALDWELL PUBLIC TRANSIT P. O. Box 1498 Columbia, LA 71418 (318) 649-2584 email: dottie@caldwellcoa.org	Dinah Landry CAMERON PUBLIC TRANSIT P. O. Box 421 Cameron, LA 70631 (337) 775-5668 email: dinahtoby@aol.com	Jean Reynolds CLAIBORNE PUBLIC TRANSIT P. O. Box 569 Homer, LA 71040 (318) 927-3557 email: cppjocs@hotmail.com
Kim Forcinel DESOTO PUBLIC TRANSIT P. O. Box 996 Mansfield, LA 71052 (318) 872-3700 email: dcoa@cricket.net	Eugene LeBoeuf EVANGELINE PUBLIC TRANSIT P. O. Box 312 Ville Platte, LA 70586 (337) 363-5161 email: leboeufegene@hotmail.com	Anthony Wiltz IBERIA PUBLIC TRANSIT P. O. Box 3343 Lafayette, LA 70502 (337) 234-3272 email: awiltz@smilecaa.org

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

<p>Helen Langley JEFFERSON DAVIS PUBLIC TRANSIT P. O. Box 734 Jennings, LA 70546 (337) 824-5504 email: hlangley@cfweb.net</p>	<p>Rosalind Jones LINCOLN PUBLIC TRANSIT P. O. Box 1570 Ruston, LA 71270 (318) 251-5136 email: rosalinga@bayou.com</p>	<p>JoJo Mayo LIVINGSTON PUBLIC TRANSIT P. O. Box 658 Denham Springs, LA 70727 (225) 664-9343 email: livcoal@aol.com</p>
<p>Sandra Thompson MADISON PUBLIC TRANSIT P. O. Box 1229 Tallulah, LA 71284 (318) 574-4101 email: mcoa@bayou.net</p>	<p>Frances Welch NATCHITOCHES PUBLIC TRANSIT P. O. Box 2083 Natchitoches, LA 71457 (318) 357-3250 email: npcoa@worldnetla.net</p>	<p>Becky Bergeron POINTE COUPEE PUBLIC TRANSIT P. O. Box 110 New Roads, LA 70760 (225) 638-4402 email: ptcoa@eatel.net</p>
<p>Mary Wailes RED RIVER PUBLIC TRANSIT P. O. Drawer 688 Coushatta, LA 71019 (318) 932-5721 email: rrcoa@cp-tel.net</p>	<p>Diane G. Braithwaite ST. JAMES PUBLIC TRANSIT P. O. Box 87 Convent, LA 70723 (225) 562-2304 email: humanresources@stjamesla.com</p>	<p>Donald Robinson ST. LANDRY PUBLIC TRANSIT P. O. Box 1510 Opelousas, LA 70571 (337) 948-3651 email: trans249@bellsouth.net</p>
<p>Earline Countee ST. MARTIN PUBLIC TRANSIT 511 Wild Cherry Lane Breux Bridge, LA 70517 (337) 332-3063 email: smpcoa@eatel.net</p>	<p>Jimmy Corken ST. TAMMANY PUBLIC TRANSIT P. O. Box 171 Covington, LA 70434 (985) 892-2014 stcoa@fastband.com</p>	<p>Wendell Voisin TERREBONNE CONSOLIDATED GOVERNMENT P. O. Box 2768 Houma, LA 70361 (985) 868-8411 wvoisin@tpcg.org</p>
<p>Mary Habig TRANSIT CONNECTIONS, INC. 1200 Derek Dr. , Suite 400 Hammond, LA 70401 (985) 549-1521 email: maryhabig@transitconnections.com</p>	<p>Johnafort Bernard VERMILION PUBLIC TRANSIT P. O. Box 543 Abbeville, LA 70511-0543 (337) 893-3652 email: vcoa@bellsouth.net</p>	<p>Marvis Chance VERNON PUBLIC TRANSIT 200 N. 3rd Street Leesville, LA 71446-4016 (337) 239-0311 email: mrcvcoa1@hotmail.com</p>
<p>Jane Rester WASHINGTON PUBLIC TRANSIT 1025 Dobson St. Franklinton, LA 70438 (985) 839-4535 email: washcoa@I-55.com</p>	<p>Fran Harvey WEBSTER PARISH PUBLIC TRANSIT P. O. Box 876 Minden, LA 71058-0876 (318) 377-7022 email: wpcs1@bellsouth.net</p>	<p>Jeanette Ellington WEST OUACHITA PUBLIC TRANSIT 1800 N. Seventh St. W. Monroe, LA 71291 (318) 324-1280 email: wmdirector@hotmail.com</p>

Page 10 (E) b. Check this blank if you are not located in a Parish with a Rural Public Transit System.

IV. PROJECT NOTIFICATION/COORDINATION OF SERVICES, Continued

Below is a sample memorandum to the Rural Public Transit system in your area. It must be typed on your agency's letterhead.

TO: Rural Public Transit Agency in your Parish

FROM: Applicant

RE: Coordinated Transportation Systems

Please be advised that Applicant is applying for an Elderly and Disabled Capital Assistance Grant, to purchase the following equipment:

(Provide description of equipment here)

Enclosed is a draft copy of our application for an Elderly and Disabled Program grant for your review.

A letter is needed stating whether your organization can provide the transportation needs proposed in our application and your objections, if any, to this project. This letter is needed prior to the submission of our application to DOTD's Public Transportation Section before the deadline date of February 2, 2004.

If I can respond to any questions regarding this matter, please contact me at (phone number).

Sincerely,

(Signature of Authorized Representative)

(Date)

V. FISCAL AND MANAGERIAL CAPABILITIES

Page 11 (A) **Annual Transportation Operating Budget** - Indicate your fiscal year period (i.e., July 1, 2003 - June 30, 2004). *NOTE: Use your most recently completed FYE or CYE.*

1. **Transportation Expenses** - For each category listed, complete Column 1 by using actual transportation data **from the most recently completed fiscal year**. Complete Column 2 by using actual and/or estimated data for the current fiscal year you are presently operating out of. Complete Column 3 by using estimated/budgeted data for the upcoming (next) fiscal year. Indicate the 20% local match money for the **Capital Equipment** (new vehicle(s) requested in this application in Column 3 **only** (see asterisk *). Add the figures in Col. 1, Col. 2 & Col. 3 and indicate totals in each respective "TOTAL" blank.

Page 11 (A) *NOTE: FTA does not prevent a private non-private organization from contracting with a public or private-for-profit operator for such services as transportation, maintenance, repair, garaging, technical assistance in routing, scheduling and other such operational considerations. DOTD encourages such contracts, if within the financial capabilities of the Agency, and reserves the right of final approval for all contractual agreements in advance of their execution.*

Insurance is the responsibility of the applicant agency. DOTD requires the operating agency to carry at least the minimum levels of insurance to protect the federal (80%) financial interest in the program until vehicle disposition.

During the life of the project, the organization will be required to submit to DOTD monthly vehicle and maintenance reports detailing the operation and utilization of vehicle(s). The necessary training for these reports will be provided to successful applicant(s).

2. **Transportation Revenues** - List all sources of transportation revenues (fares, grants, donations, etc.). List the amounts received from each source in Column 1 by using actual data from the **most recently completed** fiscal year. Complete Column 2 by using actual and/or estimated data from the current fiscal year you are presently operating out of. Complete Column 3 by using estimated/budgeted data for the upcoming (next) fiscal year. Indicate in column 3 (see asterisk *) your 20% local match amount (not the total cost of the vehicle) for the equipment(s) requested and indicate the source i.e., indicate where the money is coming from to pay your 20% match amount. Add the figures in each column and total.

NOTE: EXPENSES SHOULD NOT EXCEED INCOME/REVENUES. Re-check the totals in the Expense Section (top part) to make sure that they do not exceed the totals in the Revenue Section (bottom part).

Page 12 (B) **Management** - This section addresses five categories:

1. **Fund Availability** - Check the blank that applies to the stability of your income source over the next five years.
2. **Experience** - Check the blank that indicates the years of experience of your agency in operating transportation systems for the elderly and disabled.

V. FISCAL AND MANAGERIAL CAPABILITIES, Continued

3. **Maintenance Program** - Check the blank that describes your maintenance program.
4. **Driver Selection** - Check the blank(s) that describes your driver selection program.
5. **Training** - Check the blank(s) that describes the training your agency offered your employees during the last year.

VI. PLANNING

Page 12 (a) Check this blank if you are in an urbanized area (populations over 50,000). If you are uncertain as to whether you are in an urbanized area, contact the appropriate Metropolitan Planning Organization (MPO) listed below. Organizations in urbanized areas **MUST** contact the MPO prior to making application to DOTD. (See Page 18 for sample letter). A copy of your letter to the MPO and their response, must be attached to Page 12 of your application. **If this process is not complete, your application will be disqualified.**

MPO's are required by FTA to develop plans that meet the special transportation needs of the elderly and disabled within their respective areas. Local applicants must verify that their proposed project is consistent with these plans and secure documented approval. In addition, applicants should make every effort to utilize and coordinate proposed projects with existing transit and para-transit operators. MPO's develop for their areas, in cooperation with local elected officials, a Transportation Improvement Program (TIP). That portion of the TIP to be undertaken in the next fiscal year is the Annual Element (AE).

All urbanized area E & D program projects must be evaluated by the MPO and included in the TIP/Annual Element before application approval by DOTD. The eight MPO's are as follows:

1.	Alexandria	John C. Miller, Jr., Executive Director, Rapides Area Planning Commission P. O. Box 7586, Alexandria, LA 71306 (318) 487-5401
2.	Baton Rouge	R. J. Goebel, Senior Planner, Capital Region Planning Commission P. O. Box 3355, Baton Rouge, LA 70821 (225) 383-5203
3.	Houma	Kevin Belanger, Chief Executive, South Central Planning and Development Commission, P. O. Box 1870, Gray, LA 70359 (985) 851-2900
4.	Lafayette	Mike Hollier, Senior Planner, Director of Traffic and Transportation, Lafayette Consolidated Government, P. O. Box 4017-C, Lafayette, LA 70502 (337) 291-8546
5.	Lake Charles	James Porter, Executive Director, Imperial Calcasieu Planning Commission P. O. Box 3164, Lake Charles, LA 70602 (337) 433-1771
6.	Monroe/W. Monroe	David Creed, Executive Director, Ouachita Council of Governments 1913 Stubbs Avenue, Monroe, LA 71201 (318) 387-2572
7.	New Orleans, Slidell and Mandeville/ Covington	Jim Harvey, Transportation Director, Regional Planning Commission for Jefferson, Orleans, St. Bernard and St. Tammany Parishes 1340 Poydras Street, Suite 2100, New Orleans, LA 70112 (504) 568-6611
8.	Shreveport/Bossier	J. Kent Rogers, Executive Director, North West LA. Council of Governments 401 Market Street, Suite 460 Shreveport, LA 71101 (318) 841-5950

VI. PLANNING, Continued

MPO's must certify to DOTD that agencies in urbanized areas have adhered to the Elderly and Disabled Plan in effect for the area and the project has been included in the area's TIP/AE. **This process may take as long as 45 days, so it is imperative that you submit a copy of your completed application to your MPO as soon as possible.**

A copy of the MPO's approval of your application for inclusion in the TIP/AE must be attached to Page 12 of your application.

Page 12 (b) Check this blank if you are in a non-urbanized area (population less than 50,000).

Below is a sample memorandum to the Metropolitan Planning Organization in your area. It must be typed on your agency's letterhead.

To: Metropolitan Planning Organization

From: _____ (applicant)

Re: Transportation Improvement Program Amendment

Please be advised that _____ (applicant) is applying for an Elderly and Disabled Capital Assistance Grant, to purchase the following equipment:

(provide description of equipment here)

Our draft application for an Elderly & Disabled Program grant will be completed by December 1, 2003, and a copy will be sent to your organization for review.

A letter is needed from your organization, stating that this project, if approved by the Louisiana Department of Transportation and Development for funding, will be included in the annual element of the Transportation Improvement Program. This letter is needed prior to the submission of our application to DOTD's Public Transportation Section before the **deadline date of February 2, 2004.**

If I can respond to any questions regarding this matter, please contact me at: _____ (phone number).

Sincerely,

(Signature of Authorized Representative)

(Date)

VII. PROJECT ASSURANCES

Carefully read the project assurances and certifications on pages 13 through 15. Each applicant for the Section 5310 Program is required to provide the following certifications and assurances to cover the various types of federal assistance from FTA. The authorized representative that is indicated on the authorizing resolution **must** sign the signature page 13 in the application. The signature of the authorized representative on page 13 indicates that the applicant agrees to comply with the applicable state and federal requirements of the certification and assurances indicated in Category I thru Category VI as listed below:

- I. Nondiscrimination Assurance**
- II. Assurance of Nondiscrimination of the Basis of Disability**
- III. School Transportation Agreement Certification**
- IV. Certification of Equivalent Service**
- V. Private Sector Participation Certification**
- VI. Debarment Certification**

- Page 13 **LA DOTD and FTA Certification & Assurances Signature Page.** The authorized representative must sign this page on behalf of the 6 (six) certification categories indicated above.
- Page 14 **Category I and II- Nondiscrimination Assurance and Non Discrimination on the basis of Disability** - The authorized representative signs to assure that the applicant will comply with all federal regulations in regards to nondiscrimination and nondiscrimination of the basis of disability.
- Page 15 **Category III - School Transportation Agreement** - The authorized representative signs to certify that the applicant agrees that it will engage in school transportation operations in competitions with private school transportation operators only to the extent permitted, implementing regulations, and complying with state and federal requirements.
- Page 15 **Category IV - Certification of Equivalent Service** - The authorized representative signs to assure that the applicant certifies that its demand responsive service offered to persons with disabilities, including persons who use wheelchairs, is equivalent to the level and quality of service offered to persons without disabilities.
- Page 15 **Category V - Private Sector Participation Certification** - The authorized representative signs to certify that the applicant has provided for the participation of "private mass transportation companies" to the "maximum extent feasible" as required by the Federal Transit Administration.
- Page 15 **Category VI - Debarment Certification** - The authorized representative signs to certify that the applicant will comply with all federal regulations in regards to debarment.
- Page 16 **Appendix A** - These items were discussed previously. Refer to Page 8 thru 12 of this manual.
- Page 17 **Appendix B** - Submit copies of the following on **8-1/2" x 11" standard size paper only - Do Not Use Legal Size:**

VII. Project Assurances (continued)

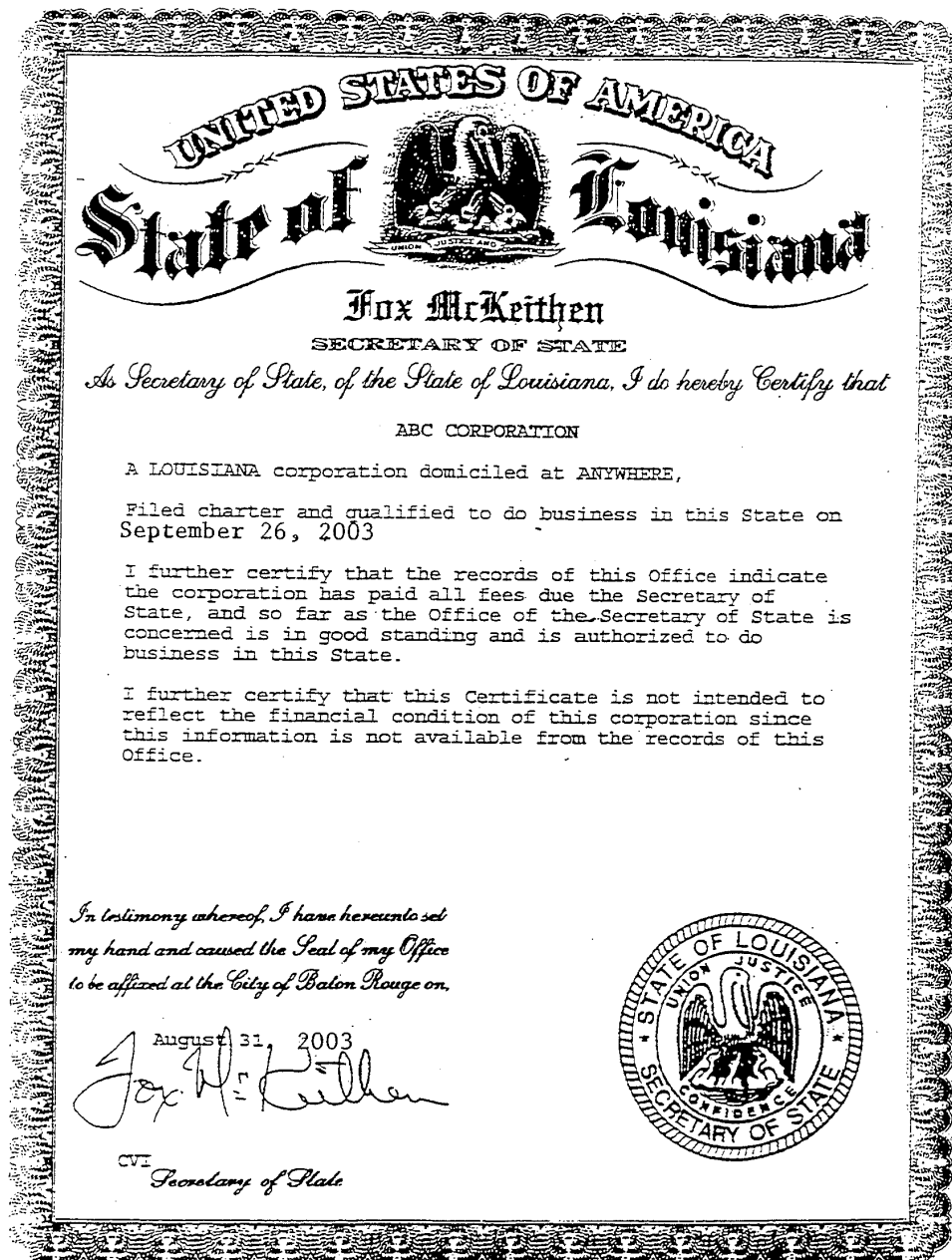
1. **ALL APPLICANTS must submit a signed original Authorizing Resolution.** The person indicated will be the person authorized to sign and execute the FTA Certifications and Assurances and DOTD Contract. The person selected must be approved by the applicants board of directors and/or governing body at a legally convened meeting. The resolution must be signed by the recording secretary on behalf of the board/body. **You MUST use the resolution form provided on page 22 of this manual. DO NOT RETYPE, JUST FILL IN THE BLANKS. NO OTHER FORMAT WILL BE ACCEPTED BY THE DOTD LEGAL SECTION.**

NOTE: The person indicated on the resolution MUST also be the same person that signs the FTA Signature Page (page 13 of the application).

All applicants must record their **legal name** on the Authorizing Resolution. Private Non Profit Organizations (**PNP**) should refer to the certificate found in the Articles of Incorporation and Certificate of Good Standing (see page 21 for sample) for their legal name and Public Bodies (**PUB**) should refer to their creation documents to insure the entity's legal name. The Secretary of States Office (225/925-4704) can provide information to the PNP current corporation filing status. A \$5.00 fee is charged if the filing status has expired. If expired and you have otherwise completed your application, you may submit your application with an explanation attached stating you will furnish us a copy of the new certificate and resolution ASAP. If you are approved for funding, the Resolution becomes a legal part of your contract. Incorrect names indicated on the document creates legal problems and curtails the bidding process. The DOTD Legal Section verifies your current filing status and **WILL NOT GIVE THEIR APPROVAL IF THE NAME ON THE RESOLUTION DIFFERS IN ANY WAY FROM THE NAME ON YOUR CERTIFICATE and/or the Public Body creation documents** (Please include words found in your agency name such as "the, on the, Inc., Parish, etc. i.e., if your legal name is "The Louisiana Council on the Aging", our attorneys will not accept "Louisiana Council on Aging", it must be exact). Please verify very carefully prior to signing documents.

2. **FOR PNP APPLICANTS currently in the Section 5310 Program:** Submit a copy of the Certificate of Good Standing (see page 21 for a sample).
3. **FOR NEW PNP APPLICANTS ONLY:** Applicants who have not previously applied and/or received Section 5310 funding must provide the following, In addition to the above Authorizing Resolution and Certificate of Good Standing:
 - * A copy of your entire Articles of Incorporation, By-Laws, and/or other corporate documents.
 - * A copy of Certificate of Incorporation.
 - * A notarized statement as to private non-profit status or 501(c) exemption
 - * A brief narrative describing your agency. Include your mission statement, goals, purpose, etc. (limit to 1 page please). Attach brochures, etc. (if you have any).
 - * The most recent completed financial audit.
4. **FOR ALL PUBLIC BODY/ENTITY APPLICANTS:** You must submit documentation as to how you were created i.e., Louisiana Revised Statutes, board minute information, etc. Additionally, refer to pages 1 and 2 of this manual and attach applicable information requested under "**Public Body Coordination of Service Criteria**" and/or "**Criteria Certifying No Nonprofit Organizations are readily available to provide the service.**" An eligible Public Body applicant must meet one of the two criteria described. Please determine if you qualify under one of the two criteria indicated.

NOTE: PUB Body eligibility requirements are very extensive and may require further assistance from this office. In an effort to circumvent any misinterpretations of the guidelines, we suggest PUB applicants contact this office ASAP for detailed instructions.



????? SAMPLE ??????

CERTIFICATE OF GOOD STANDING

THE NAME OF YOUR AGENCY
AS IT APPEARS ON THIS DOCUMENT
IS THE LEGAL NAME OF YOUR AGENCY

AUTHORIZING RESOLUTION

WHEREAS, _____ hereinafter
(Legal Name of Applicant)
referred to as the "Applicant", has requested assistance from the Louisiana Department of Transportation and Development for the purpose of capital assistance; and

WHEREAS, this project is considered to be important and necessary to public transportation in _____; and
(City/Town and Parish)

WHEREAS, the Applicant has the legal, fiscal, and managerial capacity to carry out the project.

NOW THEREFORE BE IT RESOLVED that the Applicant requests funding for the project from the Louisiana Department of Transportation and Development; and

That the Applicant, while making application to or receiving grants from the Federal Transit Administration, will comply with the Federal Statutes, regulations, executive orders and administrative requirements as listed in Appendix 1 (copied from FTA Circular 9070.1E) of the 2004 Application Procedures Manual.

That the Applicant has or will make available the required non-federal funds to meet local share requirements.

That _____ is empowered to
(Name & Title of Designated Official i.e. Board Member; Director; President etc.)
sign a contract on behalf of the Applicant; and

That the above named official may sign on behalf of the Applicant any assurance, certification, or other documentation that may be required as part of the application submitted; and

That this resolution is applicable for a period of one year unless revoked by the Board and copy of such revocation shall be furnished to the Louisiana Department of Transportation and Development.

CERTIFICATE

The undersigned duly qualified and acting _____ of the _____
(Title of Officer) (Legal Name of Applicant)
certifies that the foregoing is a true and correct copy of a resolution, adopted at a legally convened meeting of the

_____ held on _____, 20____.
(Governing Body of Applicant)

If applicant has an official seal impress here.

(Signature of Recording Officer)

(Title of Recording Officer)

(Date)

APPLICATION PROCESS OVERVIEW

A. Application Process (approximate dates indicated)

The application process consists of eleven major steps:

1.	Preparation of local application	09/2003 - 02/02/2004
2.	Application submission to DOTD	prior to 02/02/2004
3.	Review and ranking of applications by Review Committee	03/2004
4.	Notification to applicants of their ranking	04/2004 - 05/2004
5.	Compilation and submission of the consolidated state application to FTA.	03/31/2004
6.	FTA review and approval process and notification to DOTD	07/01/2004
7.	Assurance for match requested (applicants letter of credit and/or check) preparation of contract agreements for approved applicants	05/2004- 07/2004
8.	Procurement process for vehicles and equipment	08/2004- 09/2004
9.	Actual match money requested from applicant	12/2004 - 01/2005
10.	Vehicle inspections, licensing and certification of insurance coverage	04/2005- 08/2005
11.	Awarding of vehicles and equipment	05/2005 - 09/2005

NOTE: THE LENGTH OF TIME BETWEEN STEPS 1 AND 11 IS APPROXIMATELY 2 YEARS.

B. Preparation of Local Application

Application preparation instructions are herein provided in sufficient detail to complete the Application for Capital Assistance.

In the event that questions arise, assistance may be obtained by contacting Harold Beck or Diana Ickes in this office.

**Mr. Harold Beck, E & D Program Manager
or Diana Ickes, Assistant Program Manager
Louisiana Dept. of Transportation & Development
8900 Jimmy Wedell, Room 138 (physical address)
P O Box 94245 (mailing address)
Public Transportation Section, Airport, Room 138
Baton Rouge, LA 70804-9245
TELEPHONE: #225/274-4306
FAX: #225/274-4314**

APPLICATION PROCESS OVERVIEW, Continued

C. Review and Ranking of Applications by DOTD

Upon receipt of the completed application and supporting documentation, a Review Committee consisting of several appropriate state agencies, will review and grade applications utilizing a point system. The total points scored will determine the application's ranking. ***NOTE: For agencies already in the Section 5310 Program, points are deducted from the total score for habitually late and incorrect monthly reports. A Master List will be compiled consisting of the numerical ranking of applications beginning with the highest score.***

Applications that do not contain all information requested will not be considered for funding under the 2004 Capital Assistance Grant.

Ranking will heavily depend on:

1. **Extent and urgency of local need**. (A statement of existing transportation services being offered in the service area including public or private mass transit or paratransit operators and why their services are unavailable, insufficient, or inappropriate to meet the special needs of elderly and/or handicapped persons within the service area.)
2. **Coordination and cooperation among local organizations and existing transit and paratransit operators**. (A description of the efforts by the applicant to afford private transit and paratransit operators a fair and timely opportunity to participate to the maximum extent feasible in the development of the transportation program and in the provision of the proposed special transportation services for elderly and handicapped persons.)
3. **Financial and management capabilities particularly in assuring 20% match and operating funds**. (Statement of source of the 20% match and amount and source of expected operating funds. Statement of agency longevity.)
4. **Vehicle utilization, ridership projection, and trip purposes**. (Statement of ridership per vehicle and origin and destination.)
5. **Quality and thoroughness of operating plan**. (Degree to which the program will fulfill transportation needs for elderly and disabled persons in the service area. Operating, scheduling and delivering.)

NOTE: AN APPLICANT MUST SCORE AT LEAST 60% OF THE HIGHEST POSSIBLE TOTAL SCORE IN ORDER TO BE CONSIDERED FOR FUNDING.

APPLICATION PROCESS OVERVIEW, Continued

D. Consolidated State Application

From the Master List, DOTD will compile its consolidated state application and include applications by numerical score until FTA E & D Program funds for the current funding program are exhausted. ***NOTE: You will be notified (approximately: 4/2004) by the Public Transportation Section if your application has been accepted or rejected.*** The consolidated state application will then be forwarded to FTA for final review and approval.

E. FTA Review and Notification to DOTD

After receiving DOTD's consolidated state application, FTA will conduct a review to insure that the goals and requirements of the E & D Program have been fully satisfied. FTA will then notify DOTD in writing of its decision.

F. Procurement Process

After notification of approval of the state's consolidated application by FTA, the procurement process will begin. DOTD forwards the bid request package to the Division of Administration for handling acquisitions through its established bidding and centralized purchasing procedures. This allows optimum use of available program funding since the vehicles are bought in volume at one time.

The DOTD has developed standard specifications for the typical types of vehicles most often requested by applicant agencies. Each agency should select the equipment and/or vehicle(s) most appropriate to meet the specific needs of its present and potential ridership and the requirements of the Americans with Disabilities Act of 1990.

While capital costs of amenities such as passenger shelters, maintenance facilities, radios, etc., are eligible under the Federal program, DOTD will entertain applications for these items only under special circumstances. Priority of funding is given to transit vehicles. Should an applicant request funding for other facilities, acquisition will be in accordance with state bidding procedures.

This procurement process is comprised of the following steps:

1. Request for the 20% non-federal funds and execution of the Board Resolution and Contractual Agreement.
2. Submission of purchase requisitions.
3. Bid advertisement (45 days).
4. Evaluation of bids.
5. Issuance of purchase orders.
6. Manufacture and delivery period (6 months).
7. Receipt and inspection of vehicles.
8. Receipt of vehicle(s) and equipment by applicant.

EQUIPMENT AVAILABLE AND ESTIMATED COSTS

VEHICLE TYPE	SEATING CAPACITY	HANDICAP ACCESSIBILITY	ESTIMATED COST
6-S	6 passenger, 1 driver	Nonaccessible *see note (2) below	\$ 30,000
12-B	12 passenger, 1 driver	Nonaccessible *see note (2) below	\$ 38,000
25-B	25 passenger, 1 driver (DIESEL ONLY)	Nonaccessible *see note (2) below	\$ 48,000 DIESEL ONLY
SEE NOTE (2) FOR THE FOLLOWING VEHICLES			
7-1B	7 passenger, 1 driver, 1 wheelchair space, 1-2 passenger flip seat	interior wheelchair lift w/lockdowns	\$ 40,000
8-2B	8 passenger, 1 driver, 2 wheelchair spaces, 1-2 passenger flip seat and 1-1 passenger flip seat	interior wheelchair lift w/lockdowns	\$ 40,000
12-2B	12 passenger, 1 driver, 2 wheelchair spaces	interior wheelchair lift w/lockdowns	\$ 42,000
16-2B	16 passenger, 1 driver, 2 wheelchair spaces or 2-2 passenger flip seats (DIESEL ONLY)	interior wheelchair lift w/lockdowns	\$ 50,000 DIESEL ONLY
MODIFIED VEHICLES			
12-M	12 passenger, 1 driver	Nonaccessible *see note (2) below	\$ 40,000
7-1MR	7 passenger, 1 driver, 1 wheelchair space, 1-2 passenger flip seat	wheelchair lift (rear interior) w/lockdowns	\$ 40,000
7-1MS	7 passenger, 1 driver, 1 wheelchair space, 1-2 passenger flip seat	wheelchair lift (side interior) w/lockdowns	\$ 40,000

NOTE (1): First **Number** denotes number of seats; **dash then number** denotes number of wheel chair spaces; **S** denotes a standard van; **B** denotes a bus; **M** denotes a modified van.

Seating capacity in vans with flip seats is determined by whether the flip seat is used or flipped up to accommodate a wheelchair.

Costs are estimated. Actual purchase order price will be determined after vendor is selected.

NOTE (2): In accordance with Americans with Disabilities Act (ADA) regulations you will not be allowed to select a vehicle without a wheelchair lift unless 50% of your present fleet is handicapped accessible, less than 5 years old and has less than 100,000 miles.

NOTE (3): A statewide "Louisiana Transit" logo, the parish name and agency's telephone number will be placed on each van by the Department of Transportation. The agency's name or other sponsors name may **not** be displayed on the van. You may not add, alter, or change the appearance of this vehicle (including the logo) without DOTD's knowledge and prior approval.

NOTE (4): **(BUSES ONLY)** Please indicate which vehicle construction type (**fiberglass or steel construction**) you would prefer on page 6 B. of the application.

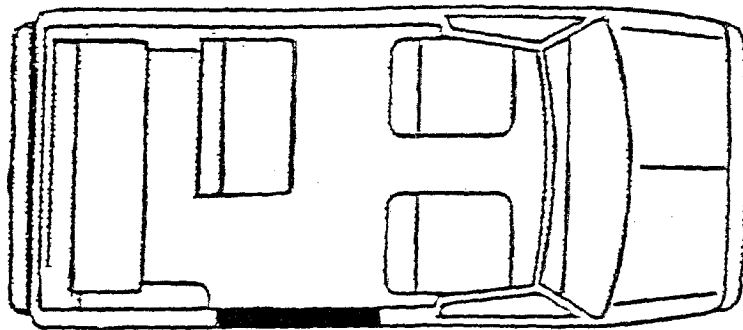


MINI-VAN, REGULAR ROOF, TYPE 6-S

(NON-ACCESSIBLE)

Capacity: 6 passengers and 1 driver

Estimated Cost \$30,000

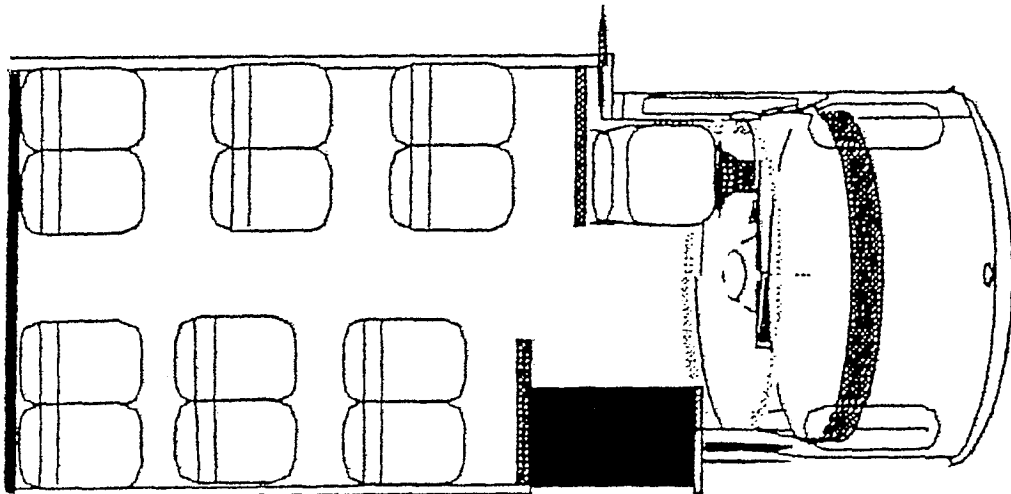




BUS, TYPE 12-B
(NON-ACCESSIBLE)

Capacity: 12 passengers and 1 driver

Estimated Cost \$38,000





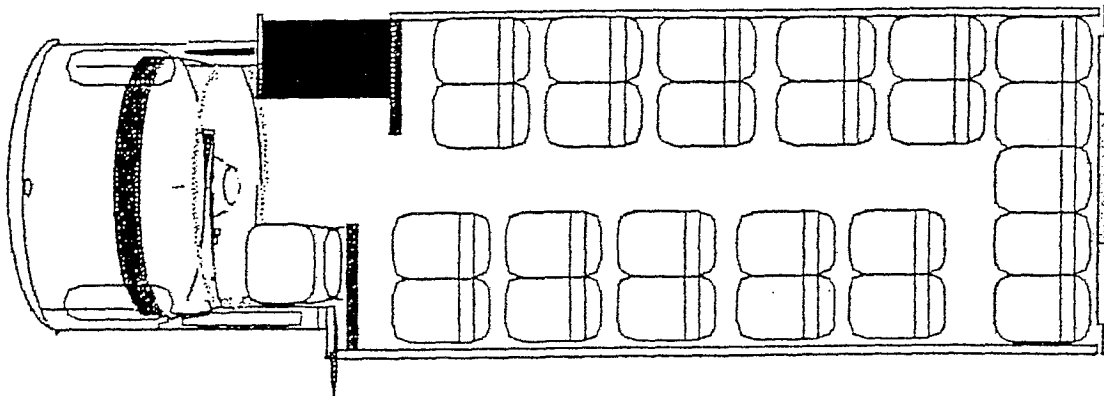
BUS, TYPE 25-B

(NON-ACCESSIBLE)

Capacity: 25 passenger and 1 driver

Estimated Cost \$48,000 (Diesel Only)

***NOTE: Commercial Driver's License (CDL)
is required by law to drive this bus.***



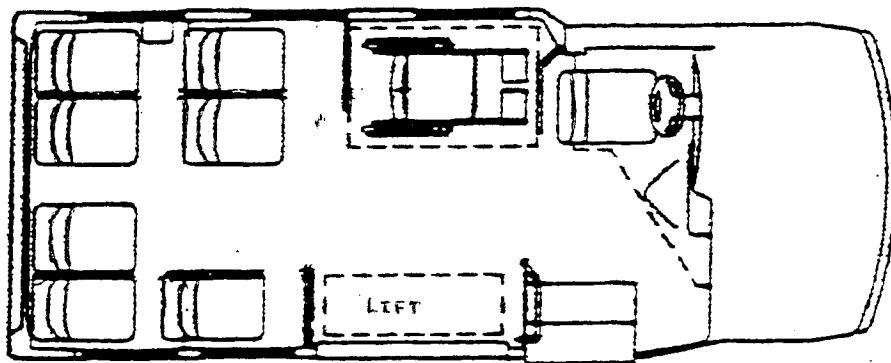


BUS, TYPE 7-1B

INTERIOR WHEELCHAIR LIFT

Capacity: 7 Passengers, 1 Wheelchair Space, 1 Driver, 1-2 Passenger Flip Seat

Estimated Cost \$40,000



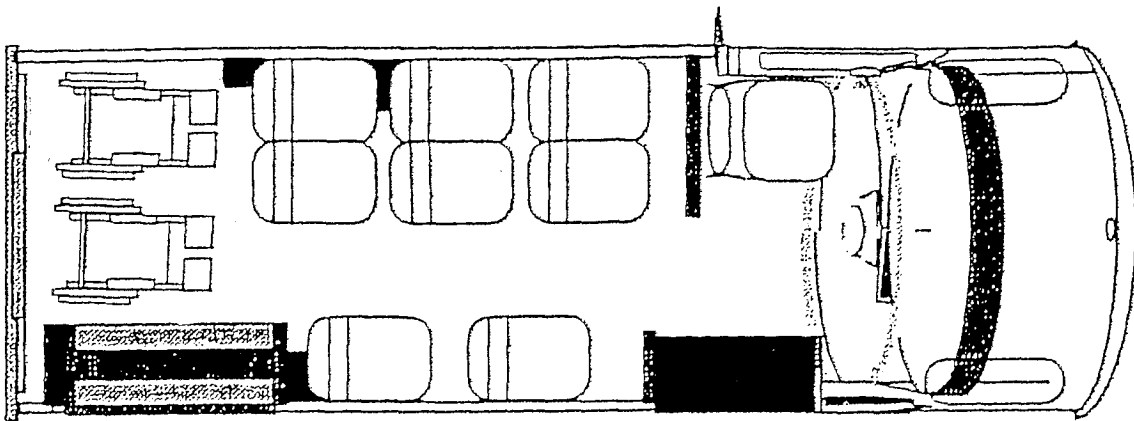


BUS, TYPE 8-2B

INTERIOR WHEELCHAIR LIFT

Capacity: 8 passengers, 2 wheelchair spaces, 1 driver, 1 -2 passenger flip seat, 1-1 passenger flip seat

Estimated Cost \$40,000



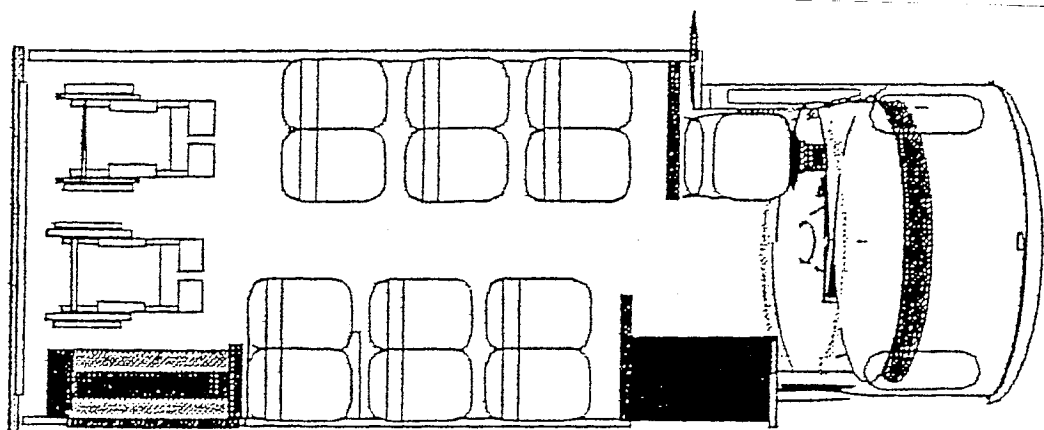


BUS, TYPE 12-2B

INTERIOR WHEELCHAIR LIFT

Capacity: 12 passengers, 1 driver, 2 wheelchair spaces,

Estimated Cost - \$42,000





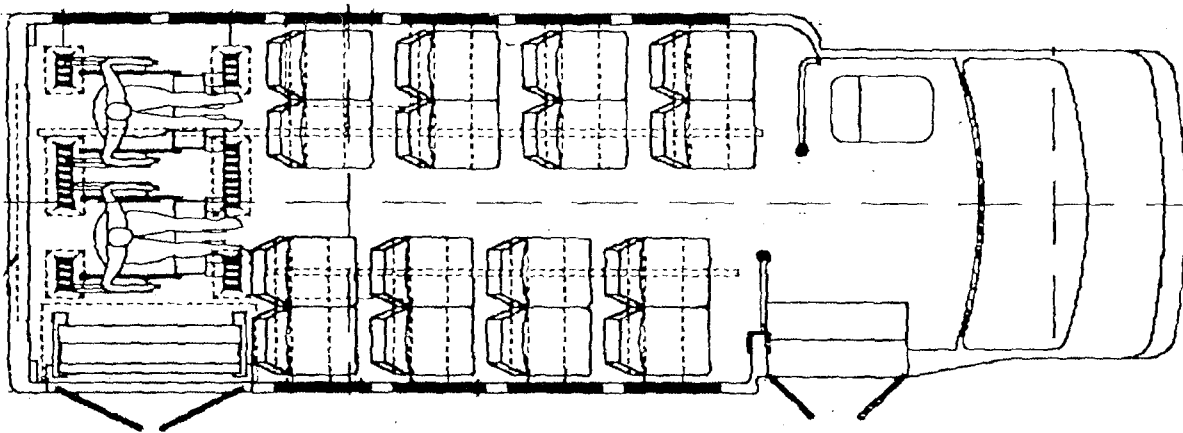
**BUS, TYPE 16-2B
INTERIOR LIFT**

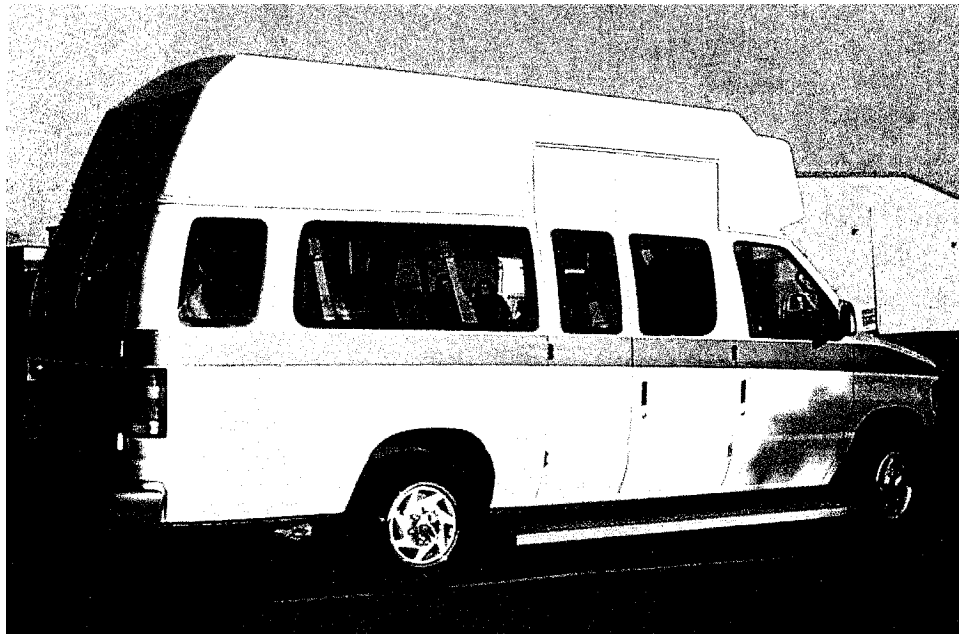
Capacity: 16 passengers, 1 driver, 2 wheelchair spaces or 2-2 passenger flip seats

Estimated Cost \$50,000

Seat A - Driver's seat

***NOTE: Commercial Driver's License (CDL)
is required by law to drive this bus.***

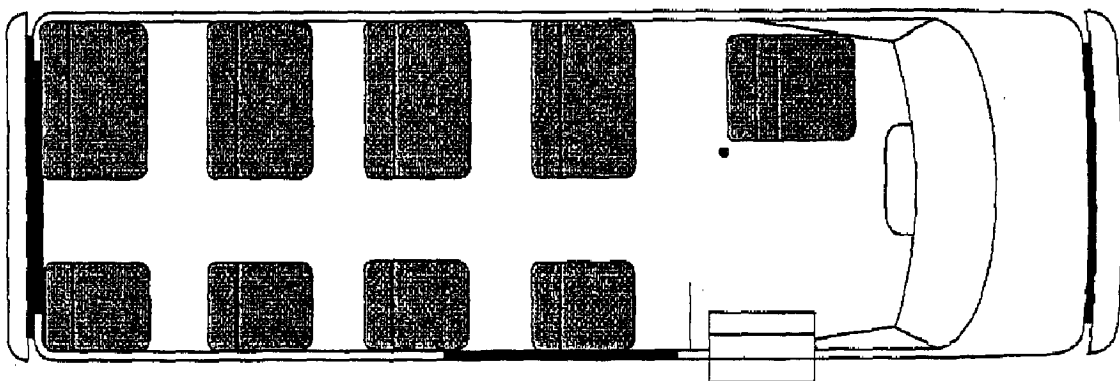


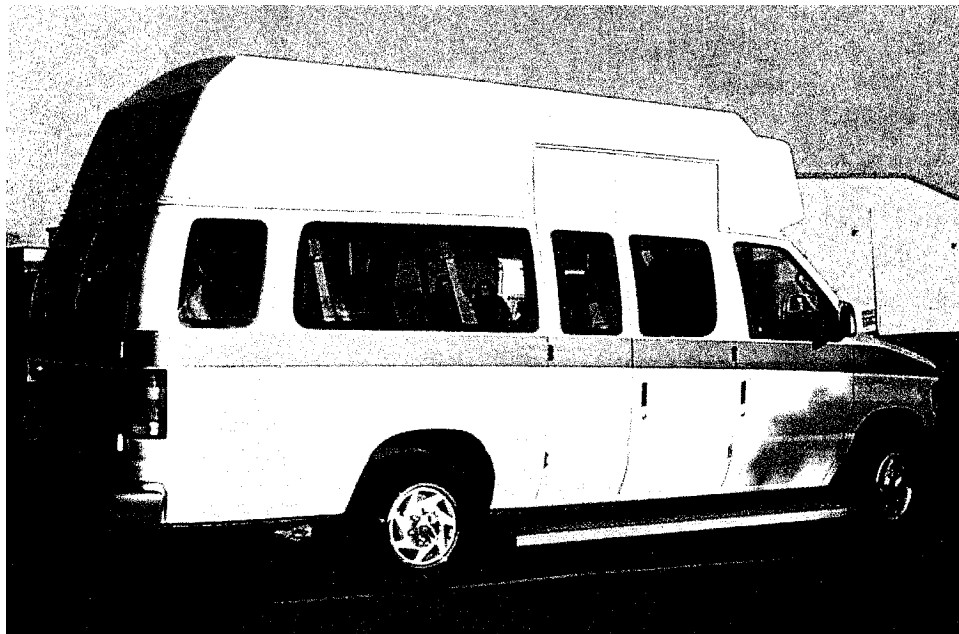


REGULAR MAXI-VAN, RAISED ROOF, TYPE 12-M
(NON-ACCESSIBLE)

Capacity: 12 passengers and 1 driver

Estimated Cost \$40,000



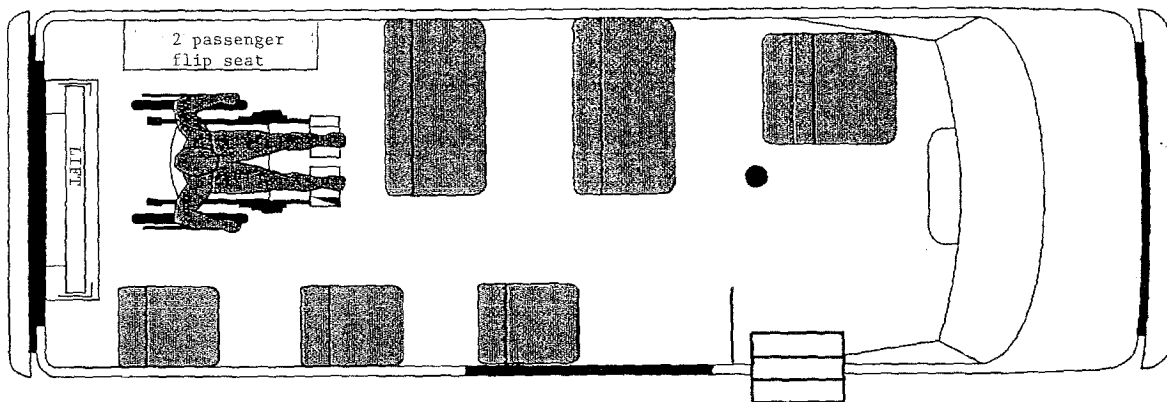


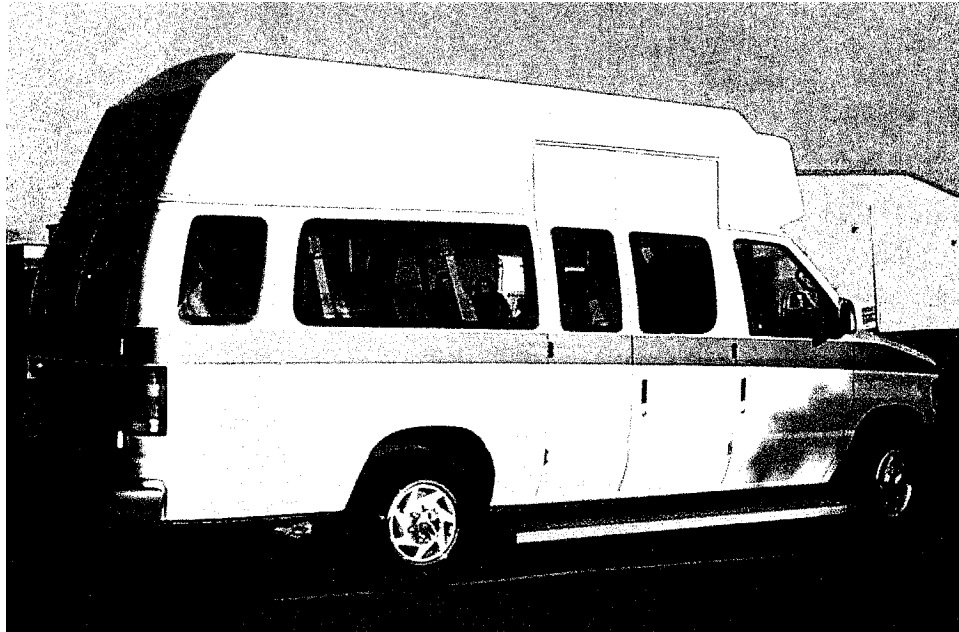
MAXI-VAN, RAISED ROOF, TYPE 7-1MR

REAR INTERIOR LIFT

Capacity: 7 passengers, 1 driver, 1 wheelchair spaces,
1-2 passenger flip seat

Estimated Cost \$40,000



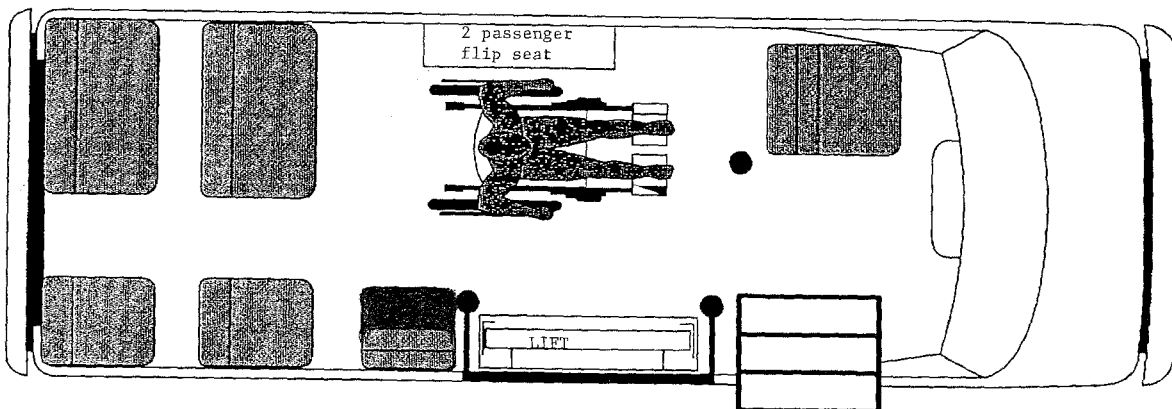


MAXI-VAN, RAISED ROOF, TYPE 7-1MS

SIDE INTERIOR LIFT

Capacity: 7 Passengers, 1 Driver, 1 Wheelchair Space, 1-2 Passenger Flip Seat

Estimated Cost \$40,000



HELPFUL HINTS FOR COMPLETING APPLICATIONS

This year, as in past years, it is anticipated that the total amount of funds requested will exceed the amount available. The applications will be ranked according to the score given by the Interagency Review Committee and grants will be awarded accordingly. The following problems tend to cause the Interagency Review Committee to reject applications for being inadequate or incomplete:

- * Failure to submit a completed application by the deadline (February 2, 2004).
- * Failure to complete all information requested.
- * Failure to follow the procedures for notifying existing operators of the proposed project.
- * Failure to address a conflict between the applicant and a private transit or paratransit operator.
- * Failure of applicants located in urbanized areas to be included in the annual element of the Transportation Improvement Program (MPO TIP).

It is important to allow sufficient time for review by appropriate parties:

- * 30 days for comments from interested parties replying to the published public notices.
- * 30 days for the Public Transit Division to address any conflicts that might arise.
- * 45 days for the Metropolitan Planning Organization to amend the (TIP) Transportation Improvement Program.

IF YOU ARE UNSURE AS TO HOW TO ANSWER ANY OF THE QUESTIONS IN THE APPLICATION, PLEASE CALL THIS OFFICE AND WE WILL BE HAPPY TO ASSIST YOU.

APPENDIX 1

LIST OF STATUTES, REGULATIONS, ADMINISTRATIVE REQUIREMENTS AND EXECUTIVE ORDERS APPLICABLE TO CERTAIN FTA PROGRAMS

- a. Federal transit laws, 49 U.S.C. §§ 5301 *et seq.* (also, 49 U.S.C. Chapter 53).
- b. Federal highway and surface transportation laws, Title 23, United States Code (Highways).
- c. Transportation Equity Act for the 21st Century, Pub. L. No. 105-178 (1998).
- d. Intermodal Surface Transportation Efficiency Act of 1991, Pub. L. No. 102-240 (1991).
- e. Americans with disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 et seq.
- f. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.
- g. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d.
- h. Clean Air Act, as amended, 42 U.S.C. §§ 7401 et seq. and scattered section of 29 U.S.C.
- i. Lobbying Restrictions, 31 U.S.C. § 1352.
- j. Congressional Declaration of Policy Respecting Insular Areas, 48 U.S.C. § 1469a.
- k. Executive Order No. 11246, “Equal Employment Opportunity” as amended by Executive Order No. 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” 42 U.S.C. § 2000(e).
- l. U.S. Department of Transportation (U.S. DOT) regulations, “Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments,” 49 C.F.R. Part 18.
- m. U.S. DOT regulations, “Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations,” 49 C.F.R. Part 19.
- n. U.S. DOT regulations, “New Restrictions on Lobbying,” 49 C.F.R. Part 20, modified as necessary by section 10(b) of the Lobbying Disclosure Act of 1995 (which amends 31 U.S.C. § 1351).
- o. U.S. DOT regulations “Participation of Minority Business Enterprise in Department of Transportation Programs,” 49 C.F.R. Part 23.
- p. U.S. DOT regulations, “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefitting from Federal Financial Assistance,” 49 C.F.R. Part 27.

- q. U.S. DOT regulations, “Drug-Free Workplace Requirements (Grants),” 49 C.F.R. Part 29, subpart F.
- r. U.S. DOT regulations, “Transportation Services for Individuals with Disabilities (ADA),” 49 C.F.R. Part 37.
- s. U.S. DOT regulations, “Americans With Disabilities (ADA) Accessibility Specifications for Transportation Vehicles,” 49 C.F.R. Part 38.
- t. FTA regulations, “Capital Leases,” 49 C.F.R. Part 639.
- u. FTA regulations, “Buy America Requirements,” 49 C.F.R. Part 661.
- v. FTA regulations, “Pre-Award and Post-Delivery Audits of Rolling Stock Purchases,” 49 C.F.R. Part 663.
- w. FTA regulations, “Bus Testing,” 49 C.F.R. Part 665.
- x. Joint Federal Highway Administration/FTA regulations, “Planning Assistance and Standards,” 23 C.F.R. Part 450 and 49 C.F.R. Part 613.
- y. U.S. Department of Treasury regulations, “Rules and Procedures for Funds Transfers,” 31 C.F.R. Part 205.
- z. U.S. Office of Management and Budget (OMB) Circular A-87, Revised, “Cost Principles for State and Local Governments.”
- aa. OMB Circular A-122, Revised, “Cost Principles for Non-Profit Organizations.”
- bb. OMB Circular A-133, Revised, “Audits of States, Local Governments, and Non-Profit Organizations.”
- cc. U.S. Government Services Administration (GSA), “Catalog of Federal Domestic Assistance.”
- dd. FTA Circular 4220.1D, “Third Party contracting Requirements,” dated 04/15/1996.
- ee. FTA Circular 5101.1C, “Grant Management Guidelines,” dated 10/01/1998.
- ff. FTA “Best Practices Procurement Manual,” 10/25/1996.
- gg. GSA “List of Parties Excluded from Federal Procurement and Non-Procurement Programs.”